

Request to Delegate Approver Duties

This form is to be used if an expense approver is unable to perform their responsibilities for an extended period of time. The completed form must be sent to the corresponding service account to be approved and for access to be provided to the delegate approver.

For PCard Expense Approvers – PCard@louisvilleky.gov

It is the delegate's duty to be knowledgeable of all requirements, responsibilities, and functions of the approver role.

The delegate approving PCard expenses must not be a subordinate in the direct reporting line of the cardholder(s).

Current Approver

Name of Approver:	
By signing this document I am authorizing the delegate, provided below, to perform my duties as an approver in my absence.	
Approver Signature:	Date:

Delegate

Name of Delegate:	
Email Address:	
Employee ID#	
By signing this document the delegate agrees to perform the duties of the aforementioned approver and to abide by all approver responsibilities as outlined in the corresponding (PCard and/or Travel) Policy and Procedures.	
Delegate Signature:	Date:
The delegate is to be active through the following dates:	
From:	To:

By signing this form, I authorize delegate identified above to carry out the responsibilities outlined in the PCard Policy and Procedures.	
Dept. Director (Print):	
Dept Director Signature:	Date